



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known


Application Number	09/434,382
Filing Date	5 November 1999
First Named Inventor	Sean V. TAVTIGIAN
Examiner Name	1642
Group Art Unit	Anne L. Holleran
Attorney Docket Number	2318-247

Total Number of Pages in This Submission _____

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Rely Brief) |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | |
| <input type="checkbox"/> Express Abandonment Request | <input checked="" type="checkbox"/> Terminal Disclaimer | |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Jeffrey L. Ihnen, Reg. No. 28,957				
SIGNATURE		DATE	19 May 2004	DEPOSIT ACCT USER ID	02-2135